



Return to Work Authorization

Human Resources
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99654
P: (907) 746-9250 || F: (907) 761-4088

Employee Name

Date of Injury

TO THE ATTENDING PHYSICIAN:

Please indicate below what restrictions, if any, you are recommending for our employee and the respective limitation dates involved.

No restrictions. I have thoroughly reviewed the current job description for the above employee, including the physical requirements of his / her job, and the employee may return to regular duty effective

Limited Duty with the Following Minimal Restrictions:

- No Lifting over pounds from through
- No Repetitive Lifting over pounds from through
- No Prolonged Sitting from through
- No Prolonged Standing from through
- No Excessive Bending or Twisting from through

Unable to return to work from through

Other Restrictions / Comments (Include Dates)

Next appointment date (if needed): Time:

Physician Name Phone Number

Address

Physician's Signature Date